

Vendor Payment Request

Document No.: [Auto-Generated]
Date: [YYYY-MM-DD]
Requested By: [Name, Department]

Vendor Details

Vendor Name: [Vendor Company Name]
Vendor ID: [Vendor Code]
Contact Person: [Name]
Phone / Email: [Contact Information]

Invoice / Payment Details

Invoice No.	Date	Description	Amount	Due Date
[INV-XXXX]	[YYYY-MM-DD]	[Goods/Services Description]	[Currency] [Amount]	[YYYY-MM-DD]

Total Amount: [Currency] [Total]

Payment Instructions

Bank Name: [Bank Name]
Account Number: [Account Number]
Account Name: [Beneficiary Name]
IFSC/SWIFT Code: [Code]

Approvals

Role	Name	Signature	Date
Requested By	[Name]		
Department Head	[Name]		
Finance	[Name]		

Important Notes

- Attach original invoice and supporting documents for verification.
- Ensure all payment details and vendor information are accurate.
- Approval from authorized personnel is mandatory before processing.
- Incomplete requests will be returned to the requester.
- Retain a copy of this document for your records.

